



1. Assess airway and initiate basic and/or advanced airway maneuvers *prn* (MCG 1302)
2. Administer **Oxygen** *prn* (MCG 1302)
3. Advanced airway *prn* (MCG 1302)
4. Initiate cardiac monitoring *prn* (MCG 1308)
5. Establish vascular access *prn* (MCG 1375)
6. For suspected sepsis: ❶
Normal Saline 20mL/kg IV/IO rapid infusion per MCG 1309
CONTACT BASE to obtain order for additional **Normal Saline 20mL/kg IV/IO** per MCG 1309
Document Provider Impression of *Sepsis*
For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
7. Check blood glucose *prn*;
< 60mg/dL or >250mg/dL treat in conjunction with *TP 1203-P, Diabetic Emergencies*
8. If fever present without signs of sepsis or poor perfusion:
Perform passive cooling measures and cover with blankets if shivering occurs
Document Provider Impression of *Fever* ❷❸❹
9. For nausea or vomiting in patients ≥ 4 years old:
Ondansetron 4mg ODT
10. For pain management: (MCG 1345)
Fentanyl (50mcg/mL) 1mcg/kg slow IV push, IM or IO, dose per MCG 1309 or
Fentanyl (50mcg/mL) 1.5mcg/kg IN, dose per MCG 1309
Repeat in 5 min *prn* x1, maximum 2 total doses prior to Base
Morphine (4mg/mL) 0.1mg/kg slow IV push or IO or IM, dose per MCG 1309
Repeat in 5 min *prn* x1, maximum 2 total doses prior to Base

CONTACT BASE for additional pain management after maximum dose administered:
May repeat Fentanyl or Morphine as above, maximum 4 total doses



SPECIAL CONSIDERATIONS

- ❶ Sepsis is defined as the body's response to infection and *may* include fever, tachycardia or bradycardia, tachypnea, and signs of poor perfusion. Other signs of infection may be present such as cough (e.g., pneumonia), painful urination (e.g., urinary tract infection), abdominal pain (e.g., appendicitis), headache (e.g., meningitis), or a red swollen extremity (e.g., cellulitis, or necrotizing fasciitis). Septic shock is a continuum of signs and symptoms, which includes the presence of hypotension or evidence of poor perfusion. If infection is present and sepsis with or without shock is present document provider impression as *Sepsis*.
- ❷ Fever is a natural response of the body to fight infection and may be present without signs of sepsis. Often children with a fever have tachycardia, however if tachycardia is greater than that explained by the fever (>180 in infants and >140 in children) consider sepsis. If fever is present without signs of sepsis (skin hot to touch and tachycardia) or septic shock (signs of poor perfusion), document the provider impression as *Fever*.
- ❸ For patients presenting with fever, obtain travel history, and if travel history positive contact the Medical Alert Center to determine risk for infectious disease requiring special isolation procedures or transport.
- ❹ Infants and small children are at high risk for hypothermia due to their large surface area to body mass ratio, reduced ability to shiver, and limited body fat. Infants with sepsis may present with fever or hypothermia.